

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 4: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000015510

Name and Mailing Address

0011660 01 AT 0.292 **AUTO T3 0 0615 33407-264729



NORTHWOOD HEALTHCARE, LLC
5600 N. FLAGLER DRIVE
UNIT 504
WEST PALM BEACH FL 33407-2647



2. New Mailing Address

5600 N. FLAGLER DR. UNIT 1208

City, State, Zip

WEST PALM BEACH, FL 33407

Principal Place of Business

5600 N. FLAGLER DRIVE
UNIT 504
WEST PALM BEACH FL 33407

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

12/14/2000

6. FEI Number

65-1079099

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E084 (7/03)

8. Name and Address of Current Registered Agent

CARECORP, LLC
5600 N. FLAGLER DRIVE
UNIT 504
WEST PALM BEACH FL 33407

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/30/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	FISCHER, PETER	129 NEW BRIDGE ROAD	HICKSVILLE NY 11801

800021638938
11/13/03--01051--003 **208.75

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

SIGNATURE REQUIRED

10/30/03

Daytime Phone # 561-252-2001

Typed or printed name of signing Managing Member/Manager

2072

CARECORP LLC

October 30th, 2003

Florida Department of State,
Division of Corporations,
P.O. Box 6327,
Tallahassee, Florida 32314

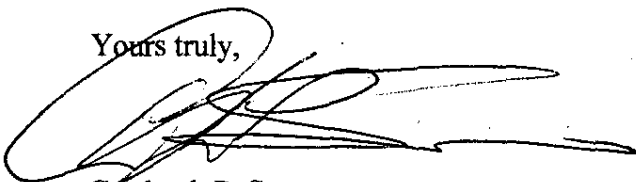
On advice from your office I am writing to advise you that we remain the registered agents for the following Florida companies which need to be brought current through filing of the Annual Reports. To date we have not received prior advice from your office of the status reports except a Notice of Dissolution concerning Northwood Healthcare Foundation, Inc., probably due to our recent move and which prompted my call, and most recently the Request for Reinstatement forms.

The companies are: Northwood Healthcare LLC
Northwood Healthcare Foundation, Inc. (a non-profit entity)
Palm Beach Corporate Investments LLC
Carecorp LLC

I enclose a money order in the amount of \$208.75 being the amount requested by your office (\$50.00 per entity plus \$8.75 for a certificate of status for Northwood Healthcare Foundation, Inc.) along with the requests for reinstatement.

Trusting that this meets with your satisfaction, I remain,

Yours truly,



Cortlandt P. Snow
Registered Agent